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Outcome measures in adult protective services interventions

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OUTCOME MEASURES IN ADULT PROTECTIVE SERVICES INTERVENTIONS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

With the aging of the baby boomers there is a concern for the likelihood of an increase in reported cases of adult and dependent abuse with Adult Protective Services (APS). This study examined what the social work implications were regarding clients who refuse APS interventions and what subsequent outcomes existed.

Data was extracted from closed case files for the period of January 1, 2000 and January 31, 2001 in the high desert region of San Bernardino County. The study was developed as a team project but data was collected separately according to region. Portions of this study will appear identical to a parallel study by a colleague, Rebecca Stiltz.

DEDICATION

For my parents Ruth and Richard Parrella

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CHAPTER ONE

INTRODUCTION

Problem Statement

Elder abuse and mistreatment have come to the forefront as a serious gerontological problem. Elder abuse is on the rise. As the baby-boom generation ages the prevalence of elder abuse will continue to increase. The results of the National Elder Abuse Incidence Study (1998) have shed new light on this significant problem with the finding that approximately 450,000 elderly persons in domestic settings were abused and/or neglected during 1996. When elder persons who experience self-neglect are added, the number increases to approximately 551,000 in 1996. Add to this figure abuse in non-domestic settings, such as nursing homes and board and care facilities and the number of elderly persons who are victims of abuse becomes even larger.

The exploitation of this vulnerable group results in abuse that takes various forms such as physical, sexual, emotional, financial and material abuse, neglect, abandonment, and self-neglect. Elderly people are easy targets. As human beings age certain cognitive, physical

and social abilities deteriorate and the elder becomes vulnerable and easily manipulated by others. It is the frail elder in poor health that is most at risk for abuse (Zastrow & Kirst-Ashman, 2001). These elders are more likely to be dependent on family members that assist them in daily living.

The perpetrator of elder abuse is most likely a family member. The National Elder Abuse Incidence Study (1998) states that "[i]n most cases 90 percent of elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member and two-thirds of the perpetrators are adult children or spouses" (p. 1). Elderly people have the money or resources the children or spouse's desire. The elder person is demoralized, belittled, beaten, neglected, or shunned into submission.

Elder abuse occurs in nursing homes, hospitals, mental hospitals, and board and care facilities. Private caregivers, service providers, and strangers also perpetrate abuse.

Elderly persons are not likely to report the abuse themselves or accept intervention for a number of reasons. They fear retaliation by the perpetrator. They do not want to be removed from their homes and placed in

a board and care facility or a nursing home. They do not want to lose autonomy over their lives. In cases of self-neglect the elderly person may be confused, depressed or frail. Elderly victims may be unable or unwilling to report for many reasons including embarrassment, family loyalty, physical, emotional, and financial interdependence with the perpetrator, fear of removal from the home, lack of capacity to recognize or report the behavior and social isolation (American Public Health Association Program Development Board, 1992). All of these factors can create unrealistic expectations about what will happen if they disclose the abuse. When cases of suspected abuse are reported to the county agency of Adult Protective Services (APS) and the social worker offers services to the elderly person, the services are many times refused. The services are refused for the same reasons the abuse is not reported in the first place.

Policy Context

Reports of elder abuse lack definitive findings on the prevalence of abuse and subsequent risk factors for maltreatment. Pillemer and Finklehor (1988) found that

prevalence rates for elder abuse were 32 per 1000 population, but note that underreporting does exist and should be taken into consideration. This may not appear very high when compared with other forms of maltreatment such as parents abusing children. This does not imply that elder abuse is not a serious public policy issue that needs to be addressed.

Block and Sinnott (1979) identified three levels of policy consisting of nominal, procedural and material. Nominal, at the lowest level recognizes the existence of a social problem; elder abuse and maltreatment does exist. At this level social services are considered adequate and address the problem, yet historically this is not necessarily true. At the procedural level, bureaucratic attention focuses on the agency's procedures to deal with elders at risk. At the material level, assigning resources for specific purposes such as prevention, intervention, and research grants is the highest level of public policy.

Today millions of elderly citizens have received services provided as a result of the 1956 Older Americans Act, the purpose of which was to assist them in maintaining independence and dignity (Neale, Hwalek,

Goodrich, & Quinn, 1996). In 1987, the Older Americans Act was amended and the Elder Abuse Prevention Activities provision was created. States were mandated to develop public education and outreach activities to identify abuse, exploitation and neglect of the elderly. States were also required to establish procedures for the receipt of and investigation of elder abuse reports.

States have a wide variety of definitions of what constitutes abuse and neglect of the elderly. According to Salend et al. (1984) the variation in definitions causes state residency to be the most important factor in determining whether one is an abused elder. Those covered by each state's legislation varies as well. Included by some states in their protection legislation are adults who are impaired, disabled or incapacitated: by other states they are excluded. State laws regarding penalties for non-reporting and who has to report elder abuse also vary widely.

With the passage of California Senate Bill 2199 counties are now required to provide Adult Protective Services. The bill mandated the reporting of all types of abuse. Counties were required to set up 24-hour hotlines and to provide emergency response. The new law provided

for tangible and social services for victims of elder abuse.

Practice Context

Adult Protective Services is identified as the primary professional agency that provides intervention for abused elders. To facilitate movement through service delivery a case management approach would be utilized in the acquisition of resources. Social workers would identify the problems or concerns of the client taking into account that internal or external factors may have an effect on the case. Service plan goals and objectives would be established. The social worker would then identify the resources and activities needed to accomplish these objectives.

A case management perspective describes the anticipated nature, frequency, and duration of services to be provided directly by APS or by other agencies or individuals. It identifies who will be performing the activities or services as well as a description of the services or activities to be performed. The social worker would then indicate when services will begin, how often the service will be performed, and how long the service

will last. Finally, the social worker would indicate the length of time the case is expected to remain open.

APS seeks to invoke services that represent the least restrictive course of action. The safeguarding of individual rights while enhancing individual functioning is a priority of APS. Specific tasks of agencies vary from state to state. Policies that improve public awareness of elder abuse issues for the public and professional community identify some of the most frequent tasks of APS. These include identifying the potential victim at risk and assessing their eligibility for services, locating alternative living arrangements, and working with other federal, state, and private agencies to enhance and promote positive change for the elder (Pierce & Trotta, 1986).

The goals of APS social workers are to increase awareness of the problem of elder abuse, the refusal of interventions, and its resulting harmful consequences. APS seeks to investigate reports of abuse, assess client needs, provide resources or services to victims or elders at risk, and to pursue legal action against perpetrators, if necessary.

APS also informs and educates various members of the community, family members, and the client or individual at risk. Many professionals, agencies, and programs in the community work cooperatively with APS to provide resources and supportive services to elders and their families. In San Bernardino County, APS forms Multi-Disciplinary Teams (MDT's) with law enforcement agencies, health organizations, legal agencies, physicians, nurses, nursing homes, hospice, programs such as Meals on Wheels, You Are Not Alone, and Senior Companion, and with an assortment of other local agencies. MDT's provide a forum for discussion of issues regarding elder abuse and neglect, community resources and services, and provide education on elder abuse signs and reporting procedures. Multi-disciplinary teams serve to protect, empower and advocate on behalf of the elder.

Purpose of the Study

APS programs address the issues of involuntary clients that refuse services, and those clients unable to consent due to caregiver interference or from impairment. The purpose of the study was to determine what happens to clients who refuse interventions and what are the

subsequent outcomes of these cases. In some cases emergency intervention may be initiated but the statutes under differing state laws vary on what interventions are sanctioned. Court proceedings may be initiated in these situations in order to provide effective service delivery to protect vulnerable elders. State statutes vary and mandated interventions are often time limited. The overall result of these interventions is to remove the elder from the immediate dangerous situation. The focus of the study considers the influencing factors that cause elders to refuse services, particularly when intervention is offered more than once to the same client. The goal to examine the options of the least restrictive environment as a result of intervention was also considered.

Each time a referral is made to APS for suspected abuse or neglect the elderly person is put at greater risk for abuse. Bergeron (2000) states that "Practitioners charged with conducting investigations and intervening in founded cases of elder abuse practice within the framework of the laws in which 'establishing procedures for reporting, investigating, and treating elderly abuse cases' (Wolf, 1996, p. 90) remains problematic" (p. 1). According to Brandl (2000)

"Understanding the dynamics of power and control can help professionals intervene in cases of elder abuse more effectively, breaking the fear-filled isolation of victims and ensuring their safety" (p. 1). The elderly person's fear level increases as well as the level of abuse with each subsequent referral. The cycle of abuse has many similarities with domestic violence. The elderly person may be accused by the perpetrator of causing trouble and may retaliate toward the victim. By accepting service the first time they are offered the elder person can be spared further abuse and APS would save money by not having to investigate repeated referrals.

Significance of the Project for Social Work

Meaningful research on interventions and outcomes can lead to informed social work practice, enhanced social policy and planning, and program development. Research can lead to developing more uniform criteria for defining elder abuse throughout APS agencies and across states. It can help to formulate strategies for prevention and interventions that will result in positive outcomes.

Useful information derived from meaningful research results in changes regarding staffing and budgeting. For example, hours dedicated to each case may be increased; uniformity in reporting procedures among agencies and across states may help in recognizing common factors present in cases with successful outcomes. Sufficient money to support local, state, and federal programs helps in identifying and forming a data base network of responses and supportive services for dealing with the problem of elder abuse.

APS is often the first organized response addressing the problem of elder abuse. By understanding what happens to those clients that refuse interventions and determining what are the outcomes of those cases, new approaches to dealing with resistant clients may emerge as a result of this study.

CHAPTER TWO

LITERATURE REVIEW

Introduction

An overview of some of the APS issues arising when dealing with elderly clients who refuse services was examined. The roles of the social worker when working with elderly clients who refuse services was explored and finally the prevalence of elder abuse and outcomes for APS interventions were reviewed.

Relevant literature regarding elderly clients' refusal of services, the reasons for refusal and the outcomes of these cases is lacking. Identifying the reasons for refusal have been linked to the public not understanding what elder abuse is, what services APS provides, and to how the public defines elder abuse being directly related to cultural understandings of what is being defined as acceptable and unacceptable behaviors toward elderly people. There are several theories that may be applied to this study: the cycle of violence, ecological, role, systems, situational model, social exchange, symbolic interaction approach, and the feminist theory.

Prevalence and Outcomes

The United States Census Bureau estimates that there will be 60.8 million Americans age sixty five or older by the year 2025 (Brownell, 2002). Historically, it has been difficult to substantiate the incidence of elder abuse. There has been a lack of formal criteria for the evaluation of abuse. For example, definitions of abuse vary from one state to another. Some states distinguish between active and passive neglect. The difference between active and passive neglect is whether the failure of a caregiver to provide services was willful (active), or non-willful (passive). Exploitation is considered the improper use of the elders' money or property in some states. In other states it may include exploitation of the person such as from sexual abuse.

There is little consensus regarding what components should comprise the standard elder abuse definitions. The varying definitions create inconsistency in what is recorded as elder abuse. Johnson (1986) while evaluating twenty-one research studies between 1979 and 1985, found that terminology regarding types of abuse and definitions varied across the studies. This generates an under

representation of the actual prevalence of this significant social problem.

There have only been a small number of studies regarding the incidence and prevalence of elder abuse in the United States. Pillemer and Finkelhor (1988) interviewed a nationally representative sample of elders which constituted two thousand elders. They found that excluding self neglect, that the incidence of elder abuse occurred in 3.2 percent of their sample size. This constitutes thirty-two elders out of one thousand subjects. Based on this percentage, they estimated the prevalence of elder abuse in the United States between 701,000 and 2,093,560. Information collected from a national survey of states By Tatara (1995) estimated that 1.57 million elderly were abused nationwide in 1991. This estimate included self-neglect since states include this in counting elder abuse victims.

Research conducted by Podnieks and Pillemer (1990) indicate that abuse rates in the general population are on average 3 to 5 percent. Reis and Nahmiash (1998) report that the rate of abuse is higher among social services community based cases averaging about 13 percent. A community based sample study of 2,812 elders

found a 1.6 percent prevalence adjustment over 9 years that included physical and/or mental abuse, exploitation, and neglect (Lachs, Williams, O'Brien, Hurst, & Horwitz, 1997).

Much of the research has focused on causal factors, definitions, incidence, and prevalence of elder abuse. An emerging concern is that there are a lack of empirical studies that focus on interventions and outcomes (Lithwick, Beaulieu, Gravel, & Straka, 1999).

Research at the local level has been minimal. Data from programs within San Bernardino County such as Special Circumstances, APS Tangibles, Community Service Department, and Ombudsman Program are not currently in the computer system. In the recent past, one program has been unaware of what services the other program has provided for the same client. Lack of information regarding services provided between agencies can create a host of problems. For example, in some cases there may be a duplication of services or a lack of appropriate services.

Recently, several programs within the agency that provide assistance to elders, such as Linkages, APS, and In Home Supportive Services, have coordinated their

efforts by linking specific information regarding case files on the computer. Uniformity of reporting and documentation helps to establish patterns of what types of abuse are predominant, what interventions were used most frequently, and which resulted in positive outcomes or resolution of issues. It established a statistical timeframe in which one can look at the number of reports made, what programs are more effective than others and why, help to identify what factors or characteristics of a program influence a client's ability in resolving problems, and evaluate and compare specific interventions with clients across agencies. These programs are currently working on pooling their resources to provide needed services to elders.

Regarding outcomes, San Bernardino County has had at least one survey of client outcomes in Adult Protective Services (Brown, 2001). APS agencies within San Bernardino County have expressed an interest in a study of interventions and outcomes but lack the time, money and personnel needed to accomplish this. One small study found statistically significant differences regarding the abuser's age, etiology of the abuse, the prevalent interventions used, length of time of abuse, and

subsequent outcomes (O'Malley, O'Malley, Everitt & Sarson, 1984). Data were quantified using the OARS Multidimensional Functional Assessment form, an instrument that allows for detailed comparisons of cases.

Of the twenty-two cases, subjects fell into one of three categories based on needs: extensive with inadequate services by family members, extensive with inconsistent care, and independent with some need for services. Outcomes were grouped in categories of being resolved by any means, unresolved, and resolved by placement. Although the study allowed comparison of cases, it was restrictive in categories and outcome.

Several studies have focused on elder abuse at the state and national level (Block & Sinnott, 1979; Lau & Kosberg, 1979; Pillemer & Finkelhor, 1988; Poertner, 1986; Tatara, 1989). One national survey of APS programs and sentinels utilized documentation systems and risk assessment protocols. The study, known as the National Elder Abuse Incidence Study (NEAIS), supports the "Iceberg Theory" of elder abuse (Administration on Aging, 1998). Under this theory, reporting tends to be limited to the most visible types of abuse while other incidents go unidentified and under reported. The primary goal of

the study was to estimate the incidence of domestic elder abuse in the United States. The study concluded that for every case of substantiated abuse there are five cases that are not reported (Administration on Aging, 1998).

Another meaningful study of interventions and outcomes is Project Care, a three-year research project supported by Health Canada. The findings identified abuse alert signals and specific problems that needed intervention. The results of the research indicated that typical abuse was characterized by a troubled caregiver having difficulty interacting with others and elder victims that have been abused in the past due to a lack of social support. Abuse was strongly correlated with a caregiver's emotional and personal problems, a lack of knowledge of the elder's problems, and due to financial dependence of the caregiver on the elder. This profile is an indicator of a situation that warrants further investigation and intervention (Reis, 2000).

The United States Department of Health and Human Services Administration on Aging's National Elder Abuse Incidence Study did not look at the number of incidents; if there were more than one incident reported for an individual they were not included. If the actual number

of incidents regardless of the identified client had been included the total number of incidents of elder abuse and neglect would have increased significantly for the year 1996. An elder person can be referred to APS for more than one type of abuse or neglect and have multiple perpetrators, which can lead to many referrals on the same client.

According to Wolf (2000, p. 1)

> As one of their tasks under the new National Center on Elder Abuse, the National Committee for the Prevention of Elder Abuse and the National Association of Adult Protective Services undertook the development of a Research Agenda on Abuse of Older Persons and Disabled Adults. Listed as the fourth highest ranking research topic was, What happens to those clients that refuse services and What are the outcomes of these cases? Tenth in the Ranking was, What would victims have liked APS to have done differently?

These questions can be linked to why elders refuse interventions.

Elder Abuse

Moon (2000) discusses perception and cultural factors that affect the risk of abuse and different approaches to the problem among different ethnic populations. Moon and Williams' (1993) study revealed that elder respondents considered three factors when

deciding whether or not a given situation was defined as abusive: circumstantial factors including the availability of alternative actions, the intention of the perpetrator, and the nature of the possible abusive act. Failing to consider perception and cultural factors regarding elder abuse results in a failure of professionals to provide interventions that are responsive to the needs of the elderly, to intervene when intervention is required and to unsuccessful outcomes.

Compared to spousal or child abuse, elder abuse is not as well recognized. Society is not as informed about the dynamics and characteristics surrounding the various types of elder abuse. They are unfamiliar with services that are available to the elder at risk, the victim, and their families. Research suggests that as a health and social issue, many situations of elder abuse are never reported. Victims may refuse help, abuse may reoccur, or intervention may have a negative outcome (Wolf, Godkin, & Pillemer, 1984; Simon, 1992; Anetzberger, 1995).

Hudson and Beasley (1999) examined elder abuse and elder neglect from the perspective of various cultural groups in order to understand the meaning of these phenomena to the groups. Pulling data from a larger study

Hudson and Bealsey (1999) studied four African American groups. The responses from the groups were compared against one another to see if there were similarities or differences in the perception of elder abuse. The authors found that African Americans share some commonalties and some differences in their views of elder abuse and their perceptions of what is elder abuse. Knowledge of norms and perceptions of elder abuse from various cultures are helpful when investigating and offering services and would decrease the likelihood that services would be refused.

Human Behavior in the Social Environment Theories Guiding Conceptualization

Some causal theories attributed to domestic elder abuse include caregiver stress, personal problems of the abuser, the cognitive impairment of dependent elders, and the cycle of violence theory (Tatara, 1995). Caregiver stress occurs for several reasons to include, a lack of time, energy, and finances needed to care for the elder. Adult children find themselves in situational abuse when dealing with the limitations of the elder such as physical impairments. A contributing factor to abuse is

increased dependency on the caregiver. The theory of the cycle of violence holds that violence is a learned behavior that may become generational. The family member who is the primary caregiver may have been abused in childhood and now as an adult child caring for the parent, the abuse is reversed.

One theory that could help guide this study is the ecological point of view. Dunkle and Norgard (1995) suggest utilizing the person-in-environment (PIE) approach, developed by Lawton and Nahemow (1973) to examine a client's environment, family, and needs. This perspective emphasizes focusing on client strengths and subsequent adaptation to their environment. Comparing the client's social, physical, and psychological functioning with their surrounding environment can help to maximize client functioning, leading to a more positive outcome. For example, if a client is able to perform most of their Activities of Daily Living (ADL'S) but needs assistance with housekeeping chores, shopping, and transportation, hiring a private provider to come into the home to assist in or perform these duties minimizes caregiver stress of the adult child. As a result, this can reduce the risk of the elder being abused or neglected. The PIE perspective

helps the elder to enhance and develop skills, which may increase their concept of individuality, competence and well-being (Zuniga, 1995). For continued growth and development of the elder while sustaining or enhancing their environment, this theory emphasizes the concept of goodness of fit (Germain & Bloom, 1999). This concept incorporates the individual's needs, aspirations, and capabilities with their sociocultural and physical environment.

Role theory analyzes the various roles an elder individual may experience throughout their life span. The elder's status and position in society evolves over time and adjustments are made accordingly. Delon and Wenston, (1989) suggest that intervention strategies for new role formation can increase the likelihood of a more positive self-perception while minimizing the likelihood of depression.

Systems theory and a holistic approach to human behavior are also meaningful in social work practice with abused elders. Parad (1965) and Bloom (1979)proposed a systems theory approach that emphasizes concern for precipitating factors and the linking of interventions with stressful life events. A change in one part of the

system affects other parts and the system as a whole. Having control over some parts is necessary for the system to survive and maintain an adaptive balance with the environment in the face of inner and outer stress.

Instead of looking at a linear progression of cause and effect events of the individual, systems theory looks at the crisis in the total social and environmental setting. This approach stresses the importance of the environment and the impact of other systems on the individual. The systems theory applies to the fear the elderly person has toward revealing abuse and accepting interventions. The institutional system is going to change what the person already knows how to deal with and will put the elderly person at the mercy of the system. The social worker will not be available twenty-four hours a day to protect the elderly person, if the perpetrator decides to retaliate. Being alone and not knowing what will happen creates fear.

Systems theory is based on what happens within the elder in crisis. It relies upon the interrelationship and interdependence between the person and the event. The elderly person could be pulled from their home and institutionalized for their own protection if they accept

the intervention. The elderly person fears they will lose their own home. If the elderly person accepts intervention, the loss of their autonomy could be realized as they feel the pressure from the social worker to do what they want the elder person to accomplish. Not knowing what will happen creates more stress and may be more detrimental than remaining with the perpetrator.

According to Lithwick et al. (1999) there is no one particular theory that has evolved to serve as the dominant model for interventions. Theories such as the situational model, social exchange theory, the symbolic interaction approach, and the feminist model focus on the etiology of elder abuse and neglect (National Clearinghouse on Family Violence, 2001). A study in Canada provided a list of effective interventions for both victims and perpetrators by investigating similarities and differences in elder abuse cases (Lithwick et al., 1999). This study identified the most prominent interventions to include medical services, in home supportive services, private services, day treatment programs and respite services. Lithwick et al. (1999) state that these interventions, in conjunction with placement of the victim or perpetrator, psychiatric

intervention, and providing legal services were identified as the most successful in reducing or stopping physical abuse but not psychological abuse.

Refusal of Adult Protective Services

Many clients referred to APS refuse services and subsequent referrals are made for these clients. An APS social worker can return to investigate suspected abuse or neglect numerous times before services are accepted voluntarily or are furnished on an involuntary basis.

Neale and Hwalek (1997) studied reasons for case closures among substantiated reports of elder abuse. The study examined 2,679 substantiated reports of elder abuse from the Illinois APS. The most common reasons for case closures were no longer being at risk (34.5 percent), followed by long-term care placement (21.4 percent), administrative closure (14.2 percent), victim refusal of services (12.3 percent), and victim's death (12 percent). Neale and Hwalek (1997) found a distinct profile of victim and abuser in cases closed because of refusal of services. The victims were less likely to have impairments compared to those with other reasons for case closure. Abusers in these cases were more likely

substance abusers or mentally ill and were less likely to have care giving responsibilities or be financially dependent on their victims. In addition, refusal of services was the only type of case closure related to an abuser's substance abuse.

Nerenberg (2000) discusses the underlying causes or motives of abuse and the service needs of elder abuse victims from a protective services model approach. Victims refuse services for a variety of reasons including ambivalence, despair, fear, and shame. APS social workers, as a result of the client's refusal to accept services, must leave vulnerable clients in potentially dangerous or unhealthy settings. Nerenberg (2000) states that APS workers and programs have been targets of frequent and intense criticism from the public and even their colleagues, who fail to understand that the mandate of APS is not only to protect the safety, health, and security of clients but also their civil liberties as well. Clients have a right to autonomy and self-determination.

According to Goodrich's (1997) evaluation of the National survey of APS programs completed in 1996, it was determined that "the victims risk of further harm

sufficiently reduced" and "victims no longer need protection services" are positive outcomes in contrast to "victim refuses APS interventions or services" (p. 81). Refusal of services is a lost opportunity to assist the victim in addressing an abusive situation and avoiding possible further harm. A high victim refusal rate could mean that a program is not offering the type of assistance or interventions needed by the abuse victims and that supervisors and caseworker may need additional training in working with resistant clients (Goodrich, 1997). Reasons for case closure are the most common client outcome measure, while reporting and substantiation statistics serve as primary criteria for achievement of program goals for APS (Goodrich, 1997).

Role of the Social Worker With Those Who Refuse Services

According to Wolf and Pillemer (1986) early research on elder abuse provided documentation regarding characteristics and situations of both victim and perpetrator. Through a review of the literature they found that initial research efforts were methodologically flawed and were hampered by small sample size with few cases, inconsistent terminology of abuse and neglect,

unverified suppositions about prevention and treatment, and a lack of a well-controlled analysis of the subject matter.

In 1980, the Administration on Aging requested Congress to support Model Projects on Elderly Abuse. These models provided casework services to the abused elderly and their families. These projects were to coordinate services as well as educate the community. A grant was later established to evaluate these projects and make recommendations. The study recommended organizing a community response system whereby agencies would have a flexible approach, coordinate services and agency efforts, and be creative in overcoming the barriers that hinder service delivery. The purpose was to develop linkages among several organizations to produce a well-organized human service system necessary for effectively working with difficult cases.

Most states established a network of agencies to confront elder abuse and neglect at the local level. These agencies consisted of social and legal services, health and mental health facilities, police, courts, and other agencies. A social service agency such as APS is best suited for case management of services to reduce and

eliminate elder abuse cases. The responsibility is given to one individual within the agency rather than to an entire agency or coalition of agencies.

Separation and support became the two broadest approaches advocated by researchers. The primary goal of any strategy is to protect the victim from further abuse. When intervention is reduced to one strategy of removing the elder from the home, separation may not be in the best interests of the victim or the abuser. There is a need for designing a long-term intervention strategy by providing support. Support may include financial, psychological, medical, social, and physical assistance provided for the abuser and/or victim. Extensive professional in home support including assistance in education and skills training may help prevent or stop caregiver perpetrated abuse.

These traditional approaches have been reframed since the recent increase in clients that refuse services. The role of the social worker has been understated regarding the outcome of the process. Emphasis has been placed on voluntary mutual relationships. In cases where elderly clients refuse interventions, social work techniques to bring about

desired changes bring about the dual mandate of APS. The objective is to maintain the client's freedom of choice while keeping the client safe. Social workers actions fall into one of five categories of influence when dealing with elders that refuse intervention. These categories include use of the relationship, positive inducement, coercion, persuasion, and manipulation of the environment (Abramson, 1991).

Use of Relationship

APS seeks to influence the client to change. The more successful the worker is in establishing rapport, the more susceptible the client becomes to the social workers' influence. The foundation for establishing trust with the elder who refuses services is through talking and sharing feelings, listening attentively, and being dependable, that is, to show up when agreed upon.

Positive Inducement

Elders must believe that the resources available are important. Implementing rewards reinforces desired change in the elder client. For example, the worker may support the elder's desire to continue to live alone if he or she

agrees to have a home care provider come in several days a week thereby preventing self-neglect.

Coercion

Social workers implement coercion techniques for elders who refuse to comply with requests or accept interventions. This technique is applied with sufficient force, taking the form of a threat through deception. For example, if the elder refuses to take his psychoactive medications, the social worker may state that she can take him back to the hospital even if he or she refuses to go.

Persuasion

A social worker utilizes communication skills, knowledge, and expertise through the process of persuasion. When presenting information to the elder, the worker may not tell the client that he or she can refuse to accept services. Withholding information may increase the likelihood of the worker's ability to persuade the client.

Manipulating the Environment

The worker can influence the client to accept services by manipulating his or her physical and social environment. Here a worker can structure the environment to elicit particular behaviors. For example, to avoid isolation for the elder living in a complex for seniors, the worker insists that the housing project may require that at least one meal to be eaten in a communal area.

Coercion and persuasion techniques are central ethical issues in the treatment course and outcome of the clinical process. Practitioners believe that client welfare should take precedence over client autonomy. The issue is not whether the intervention is paradoxical or straightforward, but whether the technique is ethical and does the social worker remain trustworthy. The integrity of the practitioner focuses on the respectful, genuine, and caring relationship. The ethical issue is that the practitioner does not deceive the client about the practitioner's beliefs or intentions. The practitioner struggles between the protection of freedom and self-determination with pursuing solutions that maximize protection and improvement for the good of the client. Benefits regardless of risks that promote client welfare

are weighed against complying with the principles of the profession.

The use of any form of influence brings forth the question of the social workers' ethics, based on the idea that the relationship with the elder who has been brought to the attention of APS worker indicates an imbalance of power between the two. The potential for abuse and the risk of harm needs to be evaluated prior to implementing any form of influence. The goal is to utilize the least restrictive methods without jeopardizing the elder's values and goals.

Summary

The literature review examined studies of the public's understanding of what elder abuse is and attitudes regarding cultural definitions of acceptable and unacceptable behaviors toward the elderly. Several theories were used to focus the conceptualization of the proposed study. Issues relating to the prevalence and outcomes of APS interventions were identified. The roles used by social workers when working with a client who refuses APS services were discussed. Reviewed were issues relating to dealing with elderly clients who refuse

services. Very little research has been done that relates to refusal of services and none was found that relates to the outcomes of the cases where APS services were refused.

CHAPTER THREE

METHODS

Introduction

This chapter discusses and explores how the study was designed, how the sample was obtained, how data was collected, and through what instrument. It describes specific procedures and includes a timetable of required activities. It also describes statistical analysis and procedures that were used in this explorative and descriptive study.

Study Design

The purpose of the study was to identify reasons for case closure, explore why clients refuse interventions, and evaluate client outcomes. The research identified interventions used, and what services were provided.

The research incorporated the use of closed case files from the High Desert APS District Office. The cases were used to obtain standard demographic information about the population including age, race, marital status, and social economic status, and to determine whether or not services were refused. In addition, the cases were used to identify the initial referral, any prior

referrals, subsequent referrals, the victim's relationship to the perpetrator, and where the reported incident occurred. Information was obtained about the subject's refusal of interventions in order to identify the reasons behind the refusal of services and subsequent case closure.

Data was collected from intake/assessment notes and termination notes of closed case files. The design was instituted for all study variables to address the research aim. To avoid re-traumatizing subjects returning to the abusive event, utilization of closed case files was appropriate for this study.

Analyzing variables in this study provides insight into program effectiveness, helps to identify training needs, and can lead to improved services offered by the agency. Results obtained from this study are useful in evaluating effectiveness of social work treatment interventions. The findings of this study can influence program policy, practice, and appropriate funding for staffing and research. It can also identify what procedures, if any can be implemented with clients who refuse services that are suffering ongoing abuse or are still at risk of harm. Limitations include that a small

sample size in the district office of APS was not generalized to the larger population. Time restraints and a lack of resources also contributed to a small sample size.

Sampling

The sample was obtained from closed case files from APS during a specified period. Files were extracted and analyzed that had been closed between January 1, 2000 and January 31, 2001. The specific populations that were targeted were elders and dependent adults that fit into one of five age categories. This included Late Adolescents, aged 18 to 22, Early Adults, aged 23 to 33, Middle Adults, aged 34 to 59, Late Adults, aged 60 to 74, and Old-old Adults, age 75 to 100. The subjects were from the High Desert region, specifically from areas covered by the Victorville, Joshua Tree, Needles, and Barstow offices. Caseworkers assigned to the cases were Social Worker II's, Supervising Social Services Practitioners, temporary and permanent Social Service Practitioners, and Registered Nurses.

A non-probability method of quota sampling was used for this research. This type of sampling where the

selection of cases could not be estimated, resulted in the inability to create a sample that can be generalized to the larger population from which it was drawn.

Data Collection and Instruments

The County of San Bernardino's Automated System was used to collect data. The data was reviewed through the initial assessments and termination reports of the accumulated closed case files. When recording the data, a data extraction tool was employed. This tool was designed to assess the information required for the study. This extraction tool is located in Appendix A. The tool was designed to identify the type of abuse perpetrated by others or neglect by caregivers or family members or self-neglect. The types of abuse included physical, psychological, material, sexual, and/or medical.

The dependent variable was the outcome in all cases. It was a nominal level of measurement. It was used to determine the impact on the client who refused services. The following independent variables were nominal: gender, ethnicity, marital status, and living arrangements. Prior referrals, first time referrals, type of abuse, whether the victim lived with the perpetrator were also nominal.

Were the services provided to include face-to-face contact, phone contact, client advocacy, or assistance with appropriate living arrangements. Transportation, crisis intervention, provision of necessities, referrals to other agencies, long term care, home, health and personal care were included. Emergency medical, counseling, services most needed, but not available, included respite care, bill paying, emergency shelter, legal, and financial assistance. Also included as nominal were protective services, medical, home services, placement, mental health services, relationship to abuser, living arrangements of the perpetrator, and whether the client is in good physical health. Reason for refusal of services included client denies abuse, client fearful of retaliation, client fearful of losing home, and client's right to self determination. Other variables included fear of loss of independence, fear of prosecution, fear of humiliation, and the report was unsubstantiated. These variables were used to determine their influence on a client's refusal of services.

The following independent variables were ordinal: they included economic status, health, and health impairment. They were used to determine whether a

client's socioeconomic status or quality of life impacted whether or not he or she refused services. Age was an independent variable. The level of measurement was interval. It was used to determine whether age was a factor influencing a client's refusal of services.

Number of prior referrals, number of face-to-face contacts, number of phone contacts, and number of subsequent reports filed were independent variables. The level of measurement was ratio. They were used to determine the impact of a client's refusal of services.

The tool that was developed was derived from the standardized APS initial assessment guide and has therefore been pre-tested through the county of San Bernardino.

Procedure

Data was gathered from closed case files. The entire review process and implementation of the extraction tool took approximately thirty minutes per closed case file. The entire process of data collection took approximately fourteen days due to the availability of resources.

Protection of Human Subjects

Using numbers rather than names to identify the closed case files was to protect the anonymity of the subjects. The confidentiality and anonymity was to be maintained because of the private nature of the research. The anonymity and confidentiality of the subjects was ensured by the researcher's signed confidentiality pledge.

Data Analysis

This research utilized a quantitative research design. Data analysis included descriptive and inferential statistics. Descriptive analysis included univariate statistics such as frequency distribution and measures of central tendency and dispersion to describe the closed case files and how they related to the mean. Bivariate statistics such as chi-square was used to examine the relationship between two variables such as refusal to accept interventions and relationship to perpetrator.

Summary

This study used a combination of quantitative statistics to explore factors that influence the refusal

of service by adults who have been referred to Adult Protective Services. The findings also explored reasons for case closure and client outcomes. The research utilized specific statistical tools to examine multiple variables and focused special attention to the protection of human subjects.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results of the study. The chapter will identify the demographics of the APS clients. Reported in this chapter are significant findings of the chi-square and t-test statistical analyses.

Presentation of the Findings

The regional distribution of the APS client case files that were used in this study were as follows: Victorville (n = 40, 58.0%), Barstow (n = 12, 17.4%), Joshua Tree (n = 11, 15.9%, and Needles (n = 6, 8.7%).

The ages of clients in this study ranged from 18 to 95 years of age with the majority of the clients being age 56 or older (63.2%). The mean age was 77 years.

There were slightly more women (52.2%) than men in the sample. The majority (78.3) was Caucasian; African Americans (10.1%) and Latinos (4.3%) were also represented. No other ethnic groups were in this sample. The greater part of clients was not married (64.1%) and

reported an income that was adequate for basic needs (83.1%).

Most of the clients reported being dependent on others for their living arrangements (62.3%). This includes but is not limited to residing with family members, in Skilled Nursing Facilities, or board and care homes.

Most of the clients were ambulatory (59.6%) and many needed minimal assistance with Activities of Daily Living (37.7%). Almost half of the clients reported having a physical or medical health diagnosis (49.3%) and most clients had some type of physical limitation (61.1%).

The APS workers reported that the majority of the clients were alert (95.5%) with the better part of the sample being oriented times four (81.1%). Most of the clients had no mental limitations (58.9%).

The most commonly reported types of abuse were physical self-neglect (58.0%), mental suffering (20.3%), and self-fiduciary (15.9%). Abandonment (1.4%), fiduciary (1.4%), substance abuse (1.4%), and suicidal ideations (1.4%) were seldom reported by the clients (see Appendix D). The most commonly reported type of physical abuse was physical constraint (5.8%). Other types of

physical abuse including physical or chemical restraint, assault or battery, and sexual abuse were seldom reported by clients.

The majority of APS workers were social service practitioners or social worker II's (87.0%). More than a quarter of clients had a need for protective services with a service plan in order (29.0%). The most commonly reported APS interventions were face-to-face contacts (91.3%), phone contacts (47.8%), crisis intervention (26.1%), and client advocacy (27.5%). No other category of interventions occurred more than 20% of the time (see Appendix D).

Cross tabulations, tested with chi-squared, were calculated to assess the relationship between independent variables and outcome measures. Four of these were statistically significant at the .05 level.

Cases that had prior referrals were significantly more likely to also have subsequent reports filed; cases that had at least one APS referral were more likely to have subsequent reports filed; subsequent reports were filed more often for those who were divorced or widowed; and clients who were not oriented were more likely to refuse service.

Case outcome and having prior referrals were significantly associated (see Table 1). Clients that had prior referrals were more likely than expected to have subsequent reports. Clients that did not have prior referrals were more likely to have no further reports of abuse. Most clients were referred to APS only one time (62.3%).

Table 1. Cross Tabulation of Case Outcome and Prior Referral

		None	Prior Referral	Total
OUTCOME	No further reports	35	6	41
	Subsequent reports filed	14	12	26
	Total	49	18	67

(χ^2 = 8.045, df = 1, p = 0.010)

The association between outcome of previous or subsequent reports filed and number of APS referrals was also significant (see Table 2). Clients that had only one APS referral were more likely to have no further reports of abuse (n = 37). Clients that had more than one APS referral were likely to have subsequent reports of abuse filed.

Table 2. Cross Tabulation of Outcome of Prior and Subsequent Reports Filed and Adult Protective Services Referral

		APS REFERRAL		
		1	More than 1 referral	Total
OUTCOME	No further Reports	37	4	41
	Subsequent Reports filed	4	22	26
Total		41	26	67

(χ^2 = 37.546, df = 1, p = .000)

The association between outcome of previous or subsequent reports filed and marital status was also significant (see Table 3). Subsequent reports were filed more often for those clients who were divorced or widowed (n = 9). Single clients were more likely to have no further reports filed (n = 8).

Table 3. Cross Tabulation of Outcome and Marital Status

		Married	Single	Divorced/ Widowed	Total
Outcome	No Further Reports	7	8	4	19
	Subsequent Reports Filed	6	4	9	19
Total		13	12	13	38

(χ^2 = 8.142, df = 3, p = .043)

The relationship between case resolution of refused services and client being oriented was also significant (see Table 4). The clients who were oriented times four (person, place, time, and event) were more likely to accept services (n = 24).

Table 4. Cross Tabulation of Case Resolution of Refused Services and Oriented

		Not Oriented	Oriented X's 4	Total
Case Resolution	Refused Services	4	6	10
	Other	3	24	27
	Total	7	30	37

(χ^2 = 3.970, df = 1, p = .069)

Clients who accepted services offered by APS were more likely to do so if they were not in denial of the abuse occurring (n = 42) (see Table 5). These clients were also less likely to fear repercussions for accepting services (n = 42). There was a significant relationship between reasons for refusing services and outcome resolutions that include accepting services.

Table 5. Cross Tabulation of Reason Refused Services and Outcome Resolution

	Refused Services	No Refusal of Services	Total
Reason Refused	Denies Abuse/		
Fear	6		6
Other	11	42	53
Total	17	42	59

(χ^2 = 16.502, df = 1, p = .000)

Use of independent samples t-tests found significant differences in the means between the following independent variables and outcome measures: being oriented and case resolution; and prior referral and outcome. The group of clients who refused service's mean score for degree of orientation (X's 0 to 4) was 1.8333.

The clients who accepted services group's mean score was 1.2593. This difference was approaching statistical significance ($t = 1.51$, $df = 35$, $p = 067$).

The number of client's prior referrals for those having no further reports filed demonstrated a mean score of .2439. Clients who had subsequent reports filed demonstrated a mean number of prior referrals of 1.1538. The difference was statistically significant ($t = -2.972$, $df = 65$, $p = .004$).

Summary

Chapter Four reviewed the results extracted from the project. Significant associations were found between the outcome measurements and the independent variables using chi-square and t-tests analyses. These relationships will be explored in the subsequent discussion.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the conclusions of the project. The significant results of this descriptive study will be reviewed. Also discussed herein will be the study's limitations and recommendations for further research. Last, this chapter concludes with a summary of the implications for social work practice.

Discussion

Clients who had more than one prior referral were significantly more likely to have subsequent reports filed. It is possible that this was due to the client's refusal of services, or a different incident may have occurred. The case files indicate that subsequent reports of abuse are most often different instances of abuse.

The variables, outcome and marital status, demonstrated a significant relationship, wherein the clients who were either divorced or widowed had subsequent reports filed more often than any other marital status group. It is probable that those who are divorced or widowed are more isolated than their married

or single counterparts. These clients may be more dependent on other agencies and may be more dependent on already overburdened caretakers or family members than those in other marital status categories.

It is possible that those who isolate could have more occurrences of self-neglect, thereby requiring a greater number of subsequent reports. Those clients who are more dependent on other agencies could bring more instances of abuse to the attention of an increased number of workers resulting in subsequent reporting to APS. Those clients who are more dependent on caregivers and/or family members could possibly have a greater number of subsequent reports filed due to caregiver stress.

The significant relationship between case resolution and mental orientation demonstrates that clients who were oriented times four were least likely to refuse services. These results suggest that those who were oriented were also aware of the benefits of using the resources available to them. Those who were not oriented to person, time, place, and event were more likely to refuse services, probably due to their inability to understand the benefits of the services offered.

The variables physical abuse and reason refused demonstrated a significant relationship. It can be asserted that those clients who were physically abused were more likely to refuse services due to denial of abuse or fear of reporting abuse. Clients refuse services for a variety of reasons and fear of retaliation in a physically abusive environment may be one of those reasons.

Significant statistical associations were found between outcome and reason refused, and outcome resolution and reason refused. It can be deduced from this that clients who denied abuse were not likely to refuse services. Cultural norms and varying definitions of abuse may make it difficult for clients to identify abusive or neglectful situations that warrant accepting services.

Limitations

A large number of selected case files were unavailable for sampling for various reasons, including but not limited to: reopening of case, case transfer to another district, or missing file. Another limitation could stem from possible bias of the researcher to

interpret data reported by the worker regarding case closures and reasons for refusal of services.

Recommendations for Social Work Practice, Policy and Research

As demonstrated in the results, clients often deny abuse which in turn leads to refusal of services. This indicates that it is important for the social worker to aid the client in coming to terms with the abuse. By doing so the social worker can guide the client to services that he or she would be more likely to accept.

The social worker should also be aware of resources available to the client that would decrease the client's fear of reporting. The literature states that clients fear reporting abuse due to family loyalty, fear of placement, and physical, emotional, or financial interdependence with the perpetrator. This makes it vital for the social worker to equip the client with resources that can ease his or her fears.

Social work practice should also include educating the caregivers and family members of the identified client. Caregivers and family members should be educated in neglect and the cycle of violence. Education in these areas allows those closest to the client to be aware of

abusive situations. It is expected that with this knowledge caregivers and family members would be less likely to abuse the client. Respite care and other resources are key areas in which the caregivers and/or family members should be educated. It is anticipated that with the increased awareness of availability of resources, the caregiver's and family member's stress would be reduced.

A recommendation for change in social policy would be to create a system that promotes the family staying together as care for the elder improves. Past research has demonstrated that those who refuse services do so due to fear of placement, family loyalty, and fear of retaliation. If APS could employ an approach akin to the Child Protective Services model of family reunification it is likely that the elderly would be more likely to report abusive situations and accept valuable services. This would allow for the elder to be removed from any immediate danger and a plan put into effect that includes education for the family members and/or caregivers. Services to the elder and his or her family and/or caregivers through this plan could include anger management classes and respite care.

Another recommendation for change in policy would be to mandate coursework in gerontology in the social work curriculum. The licensing board in California mandates course work in alcohol and drug studies, domestic violence, human sexuality, and child abuse. The geriatric population is one that often lacks appropriate representation in the general course work of a social work program. It is an often neglected and misunderstood stage of development that quite often has special needs. To adequately serve this population the social worker needs to be better equipped with a broader knowledge base than is currently required.

To do further research on the problem addressed by this research one might consider a longitudinal study on clients who refused services and long term outcomes. This can be difficult due to the age of the clients at initial contact with APS which averages seventy-seven years. A longitudinal study that followed the clients at two-year increments might yield some important findings. It would also be of interest to conduct research that was not limited to case files. Surveying and monitoring clients who refused services might also yield significant

findings that could directly contribute to social work policy and practice.

Conclusions

The elderly have been a neglected population in the youth-oriented society of the United States. Being aged in this society has its own limitations. These limitations, compounded by abusive or neglectful situations, make the elderly at greater risk than most other age group populations. These limitations and neglect or abuse by a caregiver, family member, or the elder him/herself require interventions at the professional level. These interventions can only be accessed by those elders willing to accept services.

It is hoped that this research will help those who serve the elderly population break down the barriers to reporting abuse and accepting services. Building a greater social work knowledge base can encourage further research whose implications will result in continued improvement in services to the elderly.

APPENDIX A

DATA EXTRACTION TOOL

1. CASE NUMBER _____

2. REGION

1 Rancho Cucamonga
2 San Bernardino
3 Victorville
4 Barstow
5 Needles
6 Joshua Tree

3. REFERRAL DATES

Refdate1_____
Refdate2_____
Refdate3_____
Refdate4_____
Refdate5_____
Refdate6_____
Refdate7_____
Refdate8_____
Refdate9_____

4. PRIOR REFERRALS____

5. TYPE OF REFERRALS

Case APS _____
Link APS _____
FIO APS _____

6. REFERRALS TO OTHER PROGRAMS

MSSP _____
LINKAGES_____
SIA _____
IHSS _____

7. CLOSING DATES

Close1_____
Close2_____
Close3_____
Close4_____
Close5_____
Close6_____
Close7_____
Close8_____
Close9_____

8. AGE (actual age)_____

9. GENDER

0-Male
1-Female

10. ETHNICITY (ETHNIC)

1-Anglo
2-African American
3-Latino
4-Native American
5-Asian
6-Other
999-Missing

11. PRIMARY LANGUAGE

1-English
2-Spanish
3-Other
4-Bilingual
5-Missing

12. MARITAL STATUS (MARITAL)

1-Married
2-Single
3-Separated
4-Divorced
5-Significant Other
6-Widow(er)
999-Missing

13. ECONOMIC RESOURCES/INCOME

1-Adequate for basic needs
2-Inadequate for basic needs
3-Has monthly income, temporarily out of money
4-No income/No assets
999-Missing

14. LIVING ACCOMMODATIONS (LIVING)

1-Own home/independent living
2-Own home/lives with others
3-Lives in private home of relative/friend/other
4-Rented apt./home/mobile home
5-Homeless shelter
6-Homeless
7-Room and board home
8-Acute care facility
9-Other
999-Missing

15. PHYSICAL/MEDICAL HEALTH

Appears in good physical health(GOODHLTH)

0-No
1-Yes
999-Missing

Ambulation (AMBULATE)

1-Ambulatory
2-Ambulatory with assistive device
3-Wheelchair
4-Non-ambulatory
999-Missing

Needs assistance in ADL's (ADLS)

1-None
2-Minimal
3-Total
999-Missing

Physical/medical diagnosis (DIAGNOSE)

0-No
1-Yes
999-Missing

Paralysis (PARALYZE)

0-No
1-Yes
999-Missing

Hearing impaired (HEARING)

0-No
1-Yes
999-Missing

Blind (BLIND)

1-No
2-Partially blind
3-Legally blind
999-Missing

Impaired speech/communication (SPEECH)

0-No
1-Yes
999-Missing

Respiratory problems (RESPIRE)

0-No
1-Yes
999-Missing

Other physical limitations (OTHMED)

0-No
1-Yes
999-Missing

16. CURRENT MENTAL STATUS

Alert (ALERT)

0-No
1-Yes
999-Missing

Logically coherent (COHERENT)

0-No
1-Yes
999-Missing

Oriented (ORIENTED)

1-Times 4
2-Times 3
3-Times 2
4-Times 1
5-Times 0
999-Missing

Short-term memory loss (MEMORY)

0-No
1-Yes
999-Missing

Confusion present (CONFUSED)

0-No
1-Yes
999-Missing

Significant cognitive impairment (IMPAIRED)

0-No
1-Yes
999-Missing

Dementia (DEMENTIA)

0-No
1-Yes
999-Missing

Delusions (DELUSION)

0-No
1-Yes
999-Missing

Hallucinations (HALLUCIN)

0-None
1-Auditory or visual alone
2-Both auditory and visual
999-Missing

Delirium (DELIRIUM)

0-No
1-Yes
999-Missing

Suicidal ideation/history (SUICIDE)

0-No
1-Yes
999-Missing

17. NEED FOR APS

1-No need for protective services
2-No need for other services
3-Client has support system to assist
4-Referrals only
5-Client is unwilling to accept service at this time
6-Protective services are needed/service plan completed
7-Whereabouts unknown
8-Other
999-Missing

18. TYPE OF ABUSE

Physical constraint/deprivation (CONSTRAIN)

0-No
1-Yes
999-Missing

Physical/chemical restraint (RESTRAIN)

0-No
1-Yes
999-Missing

Assault/battery (ASSAULT)

0-No
1-Yes
999-Missing

Sexual (SEXUAL)

0-No
1-Yes
999-Missing

Neglect (NEGLECT)

0-No
1-Yes
999-Missing

Abandonment (ABANDON)

0-No
1-Yes
999-Missing

Mental suffering (MENTAL)

0-No
1-Yes
999-Missing

Fiduciary (FIDUC)

0-No
1-Yes
999-Missing

Physical self-neglect (SELFNEGL)

0-No
1-Yes
999-Missing

Substance abuse (SUBSTANC)

0-No
1-Yes
999-Missing

Suicidal (SUICIDAL)

0-No
1-Yes
999-Missing

Self-fiduciary (SLFFIDUC)

0-No
1-Yes
999-Missing

Other (OTHERAPS)

0-No
1-Yes
999-Missing

19. PERPETRATOR (PERP)

1-Self neglect
2-No identified perpetrator
3-Perp lives in home
4-Not in home but has access
5-No longer has access
6-Other
999-Missing

20. SERVICES PROVIDED (SERVICES)

Face-to-face interview
0-No
1-Yes
999-Missing
Client advocacy
0-No
1-Yes
999-Missing
Assistance with living arrangements
0-No
1-Yes
999-Missing
Transportation
0-No
1-Yes
999-Missing
Crisis intervention
0-No
1-Yes
999-Missing
Family counseling
0-No
1-Yes
999-Missing
Provision of necessities
0-No
1-Yes
999-Missing
Referral to other agencies
0-No
1-Yes
999-Missing

21. NUMBER OF FACE-TO-FACE CONTACTS (FACE)_____

22. NUMBER OF ATTEMPTED FACE-TO-FACE (ATTEMPT)____

23. NUMBER OF PHONE CONTACTS (PHONE)_____

24. OUTCOME

1-No further reports
2-Subsequent reports filed
3-Resolved other than by placement
4-Resolved by placement
5-Moved out of service area
6-Unresolved
7-Refused service
8-Death
9-No services needed
10-Whereabouts unknown
11-Referral only
12-Does not meet APS criteria
13-Denies allegations
14-Other
999-Missing

25. REASON FOR REFUSAL OF SERVICE

Client denies abuse
0-No
1-Yes
999-Missing
Fear of retaliation
0-No
1-Yes
999-Missing
Fear of losing home
0-No
1-Yes
999-Missing
Fear of placement
0-No
1-Yes
999-Missing
Fear of loss of independence
0-No
1-Yes
999-Missing

Client placed in SNF

0-No
1-Yes
999-Missing

Fear of prosecution

0-No
1-Yes
999-Missing

Fear of shame/humiliation

0-No
1-Yes
999-Missing

Right to self-determination

0-No
1-Yes
999-Missing

Report unsubstantiated

0-No
1-Yes
999-Missing

Denies any need for services

0-No
1-Yes
999-Missing

Problem solved

0-No
1-Yes
999-Missing

26. Services Needed/Not Available

Respite Care

0-No
1-Yes
999-Missing

Bill Paying

0-No
1-Yes
999-Missing

Emergency Shelter

0-No
1-Yes
999-Missing

Legal/financial Assistance

0-No
1-Yes
999-Missing

Medical

0-No
1-Yes
999-Missing

Homemaker

0-No
1-Yes
999-Missing

Placement

0-No
1-Yes
999-Missing

Mental Health

0-No
1-Yes
999-Missing

Other

0-No
1-Yes
999-Missing

27. Relationship to abused

1-Spouse
2-Friend
3-Son
4-Daughter
5-Caretaker
6-Relative
7-Other
8-Self
999-Missing

28. Worker

1-SSW
2-SWII
3-SSP
4-SSSP
5-RN
6-TMP
7-Other
999-Missing

29. Case Resolution

1-Unfounded
2-Wherabouts unknown
3-Problem eliminated
4-Refused services
5-No services needed
6-Unresolved
7-Other
8-Missing

APPENDIX B

DEMOGRAPHICS

	% Total Sample	(N=)
Region		
Victorville	58.0	40
Barstow	17.4	12
Needles	8.7	6
Joshua Tree	15.9	11
Age		
Young 18-35	11.8	8
Middle 36-55	25.0	17
Older 56+	63.2	43
Gender		
Female	52.2	36
Male	47.8	33
Ethnicity		
Anglo	84.4	54
Other	15.6	10
Language		
English	97.1	66
Other	2.9	2

	% Total Sample	(N=)
Marital Status		
Married	20.3	14
Not Married	36.2	25
Missing	43.5	30
# Prior Referrals		
No	73.9	51
Yes	26.1	18
Referral to Other Programs		
No	56.5	39
Yes	43.5	30
APS Referral		
One	62.3	43
More than 1	37.7	26

	% Total Sample	(N=)
Income		
Adequate for Basic Needs	71.0	49
Inadequate for Basic Needs	14.5	10
Missing	14.5	10
Living Own Home/Independent		
Living	29.0	20
Other	62.3	43
Missing	8.7	6
Good Health		
No	21.7	15
Yes	1.4	1
Missing	76.8	53
Ambulatory		
No	11.5	6
Yes	88.4	46
Missing		17
Assistance With ADL's		
None	24.6	17
Minimal	37.7	26
Missing	23.2	16
Physical/Medical Diagnosis		
No	27.5	19
Yes	49.3	34
Missing	23.2	16
Physical Limitations		
No	30.4	21
Yes	47.8	33
Missing	21.8	15
Alert		
No	4.5	2
Yes	95.5	42

	% Total Sample	(N=)
Coherent		
Yes	100.0	33
Missing		36
Oriented		
No	16.2	7
Oriented x4	81.1	30
Missing	2.7	32
Mental Limitations		
No	58.7	33
Yes	41.3	23
Need for APS		
No	24.6	17
Yes	29.0	20
Referrals Only	10.1	7
Unwilling to Accept	11.6	8
Missing	24.7	17
Physical Constraint		
No	92.8	64
Yes	5.8	4
Missing	1.4	1
Phys/Chem Restraint		
No	97.1	67
Yes	1.4	1
Missing	1.4	1
Assault/Battery		
No	95.7	66
Yes	2.9	2
Missing	1.4	1
Sexual		
No	97.1	67
Yes	1.4	1
Missing	1.4	1

	% Total Sample	(N=)
Neglect		
No	87.0	60
Yes	11.6	8
Missing	1.4	1
Abandonment		
No	97.1	67
Yes	1.4	1
Missing	1.4	1
Mental Suffering		
No	78.3	54
Yes	20.3	14
Missing	1.4	1
Fiduciary		
No	84.1	58
Yes	14.5	10
Missing	1.4	1
Physical Self-Neglect		
No	40.6	28
Yes	58.0	40
Missing	1.4	1
Substance Abuse		
No	97.1	67
Yes	1.4	1
Missing	1.4	1
Suicidal		
No	97.1	67
Yes	1.4	1
Missing	1.4	1
Selffiduciary		
No	82.6	57
Yes	15.9	11
Missing	1.4	1

	% Total Sample	(N=)
Perpetrator		
Self-Neglect	63.8	44
Lives in Home/ Has Access	23.1	16
Other	8.6	6
Missing	4.3	3
Client Advocacy		
No	63.8	44
Yes	27.5	19
Missing	8.7	6
Assist With Living Arrange		
No	73.9	51
Yes	17.4	12
Missing	8.7	6
Transportation		
No	87.0	60
Yes	4.3	3
Missing	8.7	6
Crisis Intervention		
No	65.2	45
Yes	26.1	18
Missing	8.7	6
Family Counseling		
No	81.2	56
Yes	10.1	7
Missing	8.7	6
Provision of Necessities		
No	78.3	54
Yes	13.0	9
Missing	8.7	6
Face to Face Contacts		
No	8.7	6
Yes	91.3	63

	% Total Sample	(N=)
Phone Contact		
No	52.2	36
Yes	47.8	33
Outcome		
No Further Reports	59.4	41
Subsequent Report Filed	37.7	26
Missing	2.9	2
OutcomeResolution		
Refused Services	29.5	18
No Refusal of Services	70.5	43
Reason Refused		
Denies Abuse/ Fear	9.0	6
Other	91.0	61
Case Resolution		
Refused Services	23.5	16
Other	76.5	52
Related To Abuser		
No	87.5	56
Yes	12.5	8
Type of Worker		
Social worker	87.0	60
Other	13.0	9

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ASSIGNED RESPONSIBILITIES PAGE

For each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection: Theresa Parrella
2. Data Entry and Analysis: Theresa Parrella
3. Writing Report and Presentation of Findings:
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        Team Effort:

        Assigned Leader: Rebecca Stiltz

        Assisted By: Theresa Parrella

    b. Methods: Theresa Parrella

    c. Results: Theresa Parrella

    d. Discussion: Theresa Parrella